

Exhibit A

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052023223847

CERTIFICATE OF DEATH

3202319049752

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
OSCAR				VASQUEZ LOPEZ	
4. DATE OF BIRTH (month/day/year)					
03/04/1979					
5. AGE (in years)					
44					
6. SEX (M or F)					
M					
7. DATE OF DEATH (month/day/year)					
10/07/2023					
8. HOUR (24 hours)					
0120					
9. BIRTH STATE/PROVINCE/COUNTRY					
GUATEMALA					
10. BIRTH CITY/TOWN/VILLAGE					
11. EVER IN U.S. ARMED FORCES?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARRIAGE STATUS (at time of death)					
NEVER MARRIED					
13. DECEDENT'S RACE - Up to 3 terms may be listed (see instruction on back)					
OTHER HISPANIC					
14. USUAL OCCUPATION - Type of work performed at the time (DO NOT USE RETIRED)					
CONSTRUCTION WORKER					
15. NAME OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel, construction, employment agency, etc.)					
CONSTRUCTION					
16. YEARS IN OCCUPATION					
4					
17. DECEASED'S RESIDENCE (Street and number, or location)					
2036 E. WHITING AVE. APT. 5					
18. CITY					
FULLERTON					
19. COUNTY/PROVINCE					
ORANGE					
20. ZIP CODE					
92831					
21. YEARS IN COUNTY					
4					
22. STATE/PROVINCE/COUNTRY					
CA					
23. INFORMANT'S NAME, RELATIONSHIP					
NELSON GUDIEL VASQUEZ VELASQUEZ, SON					
24. ADDRESS (Street and number, or location, or name of institution, city or town, state and zip)					
2036 E. WHITING AVE. APT. 5, FULLERTON, CA 92831					
25. NAME OF SURVIVING SPOUSE (First)					
26. MIDDLE					
27. LAST BIRTH NAME					
28. NAME OF PREDECESSOR (First)					
ANGEL					
29. MIDDLE					
30. LAST BIRTH NAME					
VASQUEZ					
31. NAME OF PREDECESSOR (First)					
MICHAEL					
32. MIDDLE					
33. LAST BIRTH NAME					
LOPEZ					
34. BIRTH STATE					
GUATEMALA					
35. BIRTH STATE					
GUATEMALA					
36. DISPOSITION DATE (month/day/year)					
10/29/2023					
37. PLACE OF FINAL DISPOSITION					
CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000					
38. TYPE OF DISPOSITION					
TRANSIT/BURIAL					
39. NAME OF FUNERAL ESTABLISHMENT					
FUNERARIA LATINO-AMERICANA					
40. LICENSE NUMBER					
EMB9025					
41. DATE (month/day/year)					
10/13/2023					
42. PLACE OF DEATH					
PARKING LOT					
43. COUNTY					
LOS ANGELES					
44. FACILITY ADDRESS (or location where found) (Street and number, or location)					
21051 SHERMAN WAY					
45. CITY					
LOS ANGELES					
46. CAUSE OF DEATH (See the chart on reverse - Death, Injury or Complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without specifying the etiology. DO NOT abbreviate.)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
IN SHOTGUN WOUND OF NECK AND SHOULDER					
47. TIME FROM DEATH TO REPORT TO CORONER					
RAPID					
48. DEATH REPORTED TO CORONER					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
49. DEATH REPORTED TO CORONER					
2023-13617					
50. DEATH REPORTED TO CORONER					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
51. DEATH REPORTED TO CORONER					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
52. DEATH REPORTED TO CORONER					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Shown by ICD)					
NONE					
54. WAS OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 53 OR 52? (If yes, list type of operator and date.)					
NO					
55. SIGNATURE AND TITLE OF CORONER					
EVONNE R-JACKSON					
56. LICENSE NUMBER					
111					
57. DATE (month/day/year)					
10/12/2023					
58. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON, DEP CORONER					
59. PLACE OF DEATH (See the chart on reverse - Death, Injury or Complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without specifying the etiology. DO NOT abbreviate.)					
OTHER: PARKING LOT					
60. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
OTHER: PARKING LOT					
61. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
SHOT BY OTHER					
62. LOCATION OF INJURY (Street and number, or location, and city and zip)					
21051 SHERMAN WAY, LOS ANGELES, CA 91303					
63. SIGNATURE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON					
64. DATE (month/day/year)					
10/12/2023					
65. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON, DEP CORONER					
66. STATE REGISTRAR					
A B C D E					
FAX AUTHA					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.EVONNE R-JACKSON
VG

Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



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OCT 18 2023